



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

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COMMISSION MAIL ROOM
RQ1

2000 FEB 17 P 1:55

Vincent O. Rokke, Treasurer
North Dakota Chiropractic
Political Action Committee
1411 32nd St. SW
Fargo, ND 58103

FEB 2 2000

Identification Number: C00352534

Reference: Statement of Organization dated 1/7/2000

Dear Mr. Rokke:

This letter is prompted by the Commission's preliminary review of your Statement of Organization. The review raised questions concerning certain information contained in the Statement. An itemization follows:

-The name of your connected organization, North Dakota Chiropractic Association, must be included in the name of your political committee. While committees may use commonly recognized abbreviations on daily communications such as letterhead and committee checks, committee filings (Statement of Organization, disclosure reports and amendments) must reflect the official name of the connected organization, as well as any abbreviation, within its title. 2 U.S.C. §432(e)(5)

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 694-1130.

Sincerely,

Scott Walker
Reports Analyst
Reports Analysis Division

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <i>North Dakota Chiropractic Association Political Action Committee</i>	<input type="checkbox"/> (Check if name is changed)	2. DATE <i>2-9-2000</i>
(b) Number and Street Address <i>1411 32 St. SW</i>	<input type="checkbox"/> (Check if address is changed)	3. FEC Identification Number
(c) City, State and ZIP Code <i>Fargo ND 58103</i>		4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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5. TYPE OF COMMITTEE (Check one)

- ☐ (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- ☐ (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | | | | |
|-------------------|-----------------------------|----------------|----------------|
| Name of Candidate | Candidate Party Affiliation | Offices Sought | State/District |
|-------------------|-----------------------------|----------------|----------------|
- ☐ (c) This committee supports/opposes only one candidate _____, and is NOT an authorized committee. (name of candidate)
- ☐ (d) This committee is a _____ committee of the _____ Party. (National, State or subordinate) (Democratic, Republican, etc.)
- ☒ (e) This committee is a separate segregated fund.
- ☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
<i>North Dakota Chiropractic Association</i>	<i>P.O. Box 656 Bismarck, ND 58502</i>	<i>Connected</i>

Type of Connected Organization
☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☒ Trade Association ☐ Cooperative

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
<i>Vincent O. Rokke, D.C.</i>	<i>1411 32 St. SW, Fargo ND 58103</i>	<i>Treasurer</i>

8. Treasurer: List the name and address (phone number - optional) of the Treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
<i>Same as #7</i>		

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
<i>State Bank of Fargo</i>	<i>P.O. Box 10877, Fargo ND 58106</i>

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER <i>Vincent O. Rokke, D.C.</i>	SIGNATURE OF TREASURER <i>Vincent O. Rokke</i>	DATE <i>2-9-2000</i>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-694-1100

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FEC FORM 1
(revised 4/87)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 2-14-00
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Sei</i> PREPARER	2-17-00 DATE PREPARED